

Default Customer Authorization Form
Utility Billing Services
City of Raleigh

Account Holder Name: _____

Account (customer) Number: _____

Authorizing Owner/Agent (if different than Account Holder Name): _____

Daytime Phone Number: _____

Fax number: _____

Mailing address: _____

Last 4 digits of SSN _____ or Tax ID: _____

(In order to prevent and mitigate ID theft and in compliance with the Fact Act of 2003 and the Privacy Act of 2005 it is essential that every written communication, including emails, received by the Utility Billing Division contains the last four digits of the account holder's social security number or the tax identification number. In the event that a staff member within the Utility Billing Division needs to call to obtain additional information, such as the full social security number to validate identity, you must also provide a day time telephone number.)

Authorizing owner/agent's signature: _____

Date: _____

Individual property addresses and/or account numbers to include in this program. For additional address and/or account numbers please add an additional sheet(s):

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

Mail back this form to:

City of Raleigh
Utility Billing Services
Post Office Box 590
Raleigh, NC 27602

Or send fax to: (919)250-7700